U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| E OLMS OF   |  |
|---|--|
| 1. File Number U - E  | 2. Fiscal Year Covered From:   |
| 11346   | []/ []/ []/ Through: []/ []/ []/ [64]  |
| 3. Name and address of person filing.   | 4. Name, file number, and address of labor organization.   |
| Name Charles V HORD   | Name PAIN+MARERS Sign Nopley, Truck PAIN+RES & AHED TRADES   |
| •   | PAINTES 4 AHIFU TRADES  Labor Organization File Number 032-393   |
| P.O. Box, Bidg., Room No., if any   | P.O. Box, Building and Room Number, if any $Room 310$  |
| Street 4007 115 AVE SE  | Street 2800 1st AVER   |
| CH Snohamish  | City SI=A+H4   |
| State 10 A ZIP Code + 4 98210 -   | State [12] ZIP Code + 4 9807   |
| 5. Position in labor organization. FIN SEC  |  |
| A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any: | 7.a. Nature of Interest, Transaction, or Income.   |
| P.O. Box, Bldg., Room No., if any   | 7.b. Amount.   |
| Street  | ],   |
| - City  |  |
| State ZIP Ccdc + 4  |  |
|   | ignature.  |
| 15. Signature and verification. The undersigned declares, under penalty submitted in this roport (including the information contained in any accompundersigned's knowledge and belief, true, correct, and complete. (See the            | of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions,)  On 7-12-05 425 377 9119 |
|   | Date Telephone Number  |

| r  |  |  |
|----|--|--|
|    | Name of Person Filing Charles V HORD   | File Number U- 032 - 393   |
|    | B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |  |
|    | 8. Name and address of Business (including trade name, If any).  Name  Trade Name, If any:  P.O. Box, Bldg., Room No., if any  Street  City  | 9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  |
| ,, | State ZIP Code +4  | The state of the s |
|    | 10. If 8.b. or 9.c. is checked give trust or employer's name.  Name PAINTMAKIRS  Trade Name, if any:  2.0. Box, Bidg., Room No., if any  Street 20 Queen Ango No., N  City Seuffle V  State OFF ZIP Code + 4 98709   | 11.a. Nature of such dealing.  MEET ING EXPENSE IFEBP 61.08  Trust meeting mulage EXP 141.00  6/15 12/14  9/15  11.b. Approximate dollar value of such dealing. 484.08  12.a. Nature of interest held or income received.  IFEBP 61.08  Trust mtg 141.00 e.ach  MI lage 3 meet-fngs  12.b. Amount. 484-08  |
|    | C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  | er parts A and B above)<br>/ or other thing of value.  |
|    | 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).   | 14.a. Nature of payment.   |
|    | Name Trade Name, if any:   |  |
|    | P.O. Box, Bidg., Room No., if any  |  |
|    | Street   City  |  |
|    | State ZIP Code + 4   |  |

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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| For Official Use Only  |  |
|--|--|
| READ THE INSTRUCTIONS CAREF  | ULLY BEFORE PREPARING THIS REPORT.   |
|  |  |
| File Number U -  | 2. Fiscal Year Covered From:   |
|  | 1/11/04 Through: 12/31/04  |
| . Name and address of person filing.   | 4. Name, file number, and address of labor organization.   |
| Name Chares V HORD   | Name PAINTERS AND AUTED TRADES Labor Organization File Number (632-393)  |
| P.O. Box, Bldg., Room No., if any  | P.O. Box, Building and Room Number, if any 310 Room  |
| Street 4007 115 AVE SE   | Street 2800 15F AVE  |
| City Snohomish   | City   |
| State  | State WA ZIP Code + 4 98/2/  |
|  |  |
| 5. Position in labor organization. FINIANCIAL SEC  | reposes or miner child directly or indirectly had any of the following interests   |
| Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the   | r spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):  h, or derived income or other economic benefit of nization represents or is actively seeking to represent. |
| Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the  A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ  | exclusions set forth in the instructions):  h. or derived income or other economic benefit of  |
| Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ   | exclusions set forth in the instructions):  h, or derived income or other economic benefit of sization represents or is actively seeking to represent.   |
| Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organs. Name and address of Employer (including trade name, if any).  | exclusions set forth in the instructions):  h, or derived income or other economic benefit of sization represents or is actively seeking to represent.   |
| Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the  A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organs.  6. Name and address of Employer (including trade name, if any).  Name   | exclusions set forth in the instructions):  h, or derived income or other economic benefit of sization represents or is actively seeking to represent.   |
| Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the  A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:   | h, or derived income or other economic benefit of hization represents or is actively seeking to represent:  7.a. Nature of Interest, Transaction, or Income.   |
| Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the  A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any                                    | h, or derived income or other economic benefit of hization represents or is actively seeking to represent:  7.a. Nature of Interest, Transaction, or Income.   |
| Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the  A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organs.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street                           | h, or derived income or other economic benefit of hization represents or is actively seeking to represent:  7.a. Nature of Interest, Transaction, or Income.   |
| Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organs.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4 | h, or derived income or other economic benefit of hization represents or is actively seeking to represent:  7.a. Nature of Interest, Transaction, or Income.   |

Date

Telephone Number

| ٢ | N  |  |  |
|---|--|--|--|
| _ | Name of Person Filing Charles V HORD   | File Number U-   |  |
|   | 3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |  |  |
|   | Name and address of Business (including trade name, if any).  Name   | 9. Business deals with:  |  |
| - | Trade Name, If any:  | a. Labor Organization  |  |
|   | P.O. Box, Bldg., Room No., if any Street   | b. Trust  c. Employer  |  |
|   | State ZIP Code + 4   |  |  |
| - | 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such dealing.  |  |
|   | Name PU Get SOUND Beoufets   | International Foundation   |  |
|   | P.O. Box, Bidg., Room No., if any 34203  |  |  |
|   | Street 28 (5 2ND Due Suite 300   | 11.b. Approximate dollar value of such dealing.  |  |
|   | City <u>Southte</u> <u>too</u> State <u>INF</u> ZIP Code + 4 <u>98124</u>  | 12.2. Nature of interest held or income received.  AIRfare 359, 20  Hotel 338.61  Daily Exp 219.00 |  |
| { |  | 12.b. Amount. 9/6/8/   |  |
|   | C. Received from any employer (other than an employer covered unde<br>or from any labor relations consultant to an employer any payment of money   | r parts A and B above) or other thing of value.  |  |
|   | <ol> <li>Name and address of Employer or Labor Relations Consultant<br/>(including trade name, if any).</li> </ol>   | 14.a. Nature of payment.   |  |
|   | Name   |  |  |
| 4 | Trade Name, if any:  |  |  |
|   | P.O. Box, Bidg., Room No., If any  |  |  |
|   | Chy  |  |  |
|   | State ZIP Code + 4   |  |  |
|   | 13.b. Is the Business an Employer or Consultant ?  | 14.b. Amount of payment.   |  |